

form of life so they could wait on the U.S. dollar. Families were broken up, beautiful cities and shrines destroyed, a country which had one of the prettiest coastlines and mountains made to look like the moon with so many craters and sprayed so much that nothing would grow. Yes, this, then seeing a "no win situation," packed up and left only to see the South Vietnamese retreat in 1975. All the good and bad we had done for more than 10 years was gone in less than 10 days.

I have attempted this collection of views many times, but never have been able to get my thoughts or research completed or knew what to do with it after I had completed it until I talked to a grand lady, who is a retired teacher in North Carolina. She is a beautiful, well-educated person, who loves her country. This lady is special to me. Our eyes get watery when we speak to each other. One of the times I was shot down was in Laos along with three other helicopters, a gunship pilot friend of mine helped give us air cover until we could be extracted. He was shot down and killed. This friend of mine was her son. This tore her family apart. She asked the same question after the war: why? What was Fred's life for? What were all Freds' lives for? We can't let a Vietnam ever happen again. We must learn from our experience. We can't turn our heads on another future conflict without these questions answered before. We must demand answers from Washington. If the answers are yes to America's survival and the decision is to go, then the whole country must go for it immediately and completely or not at all.

This next one may be close, and it may have your sons or grandsons in it. If they have to die, we can't let them die in vain or live with guilt and humiliation the rest of their lives.

#### HONORING DR. JAMES E. CARNES

#### HON. RUSH D. HOLT

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 26, 2002

Mr. HOLT. Mr. Speaker, I rise today to pay tribute to Dr. James E. Carnes, a constituent of mine who retired earlier this month after a distinguished career of service at the Sarnoff Corporation, the last eleven and a half years as President and CEO.

Dr. Carnes holds nine U.S. patents and is the author of more than 100 papers and presentations. He received the David Sarnoff Award for Outstanding Technical Achievement in 1981. He has made tremendous contributions to science, to Sarnoff and to our central New Jersey community.

Carnes earned his Ph.D. in electrical engineering from Princeton University and B.S. in engineering science from Pennsylvania State University, and served four years in the U.S. Navy.

Dr. Carnes began his career in 1969 when he joined RCA Laboratories as a member of the technical staff. In 1977, he transferred to RCA's Consumer Electronics Division, holding a variety of management positions, including Vice President of Engineering. In 1987, when Sarnoff Carnes became a subsidiary of SRI International, Dr. Carnes was named Vice President of Consumer Electronics and Information Sciences Research.

In addition to serving on the board of directors of SRI International and Sarnoff, Carnes serves on the board of several emerging

growth technology companies including Sensor, Inc., Sarif, Inc., Orchid Biocomputer and Sarnoff Digital Communications.

We in central New Jersey will miss Dr. Carnes and his steady leadership at Sarnoff. I hope that all of my colleagues in the House will join with me in wishing him every success in his future endeavors.

#### MEDICARE RX DRUG BENEFIT AND DISCOUNT ACT

#### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 26, 2002

Mr. STARK. Mr. Speaker, today, House Democrats keep our promise to introduce legislation creating a real Medicare prescription drug benefit.

The Medicare Prescription Drug Benefit and Discount Act is an entitlement that would guarantee affordable, comprehensive prescription drug coverage to all senior citizens and individuals with disabilities who are on Medicare. It also includes provider payment increases and reforms that meet or exceed, in selected areas, those included in the Republican-written Medicare Modernization and Prescription Drug Act. But this debate is not about provider payments. It's about providing beneficiaries with needed prescription drug coverage.

The benefit in this legislation is simple. It has no gaps, and no gimmicks. Beneficiaries will pay a \$25 monthly premium, have a \$100 per year deductible, and 20% co-insurance up to a \$2000 out-of-pocket limit. After a beneficiary spends \$2000, the government pays for all other needed prescription drugs. Under this legislation, a beneficiary will never pay more than \$2000 in a year, and most beneficiaries will pay far less. Beneficiaries whose incomes are under 150 percent of poverty will pay no premiums and no cost-sharing. Those with incomes between 150–175 percent of the poverty level will receive premium subsidies on a sliding scale basis and pay no cost-sharing.

These benefits will be guaranteed for every beneficiary, regardless of where they live. This legislation will reduce costs by using the market clout of 40 million beneficiaries to negotiate lower prices. It will also reduce costs for all Americans by closing loopholes in current law that allow pharmaceutical companies to game the patent system by preventing competition from equally effective, but lower cost, generic drugs.

The Medicare Prescription Drug Benefit and Discount Act guarantees the choices that matter. Under our plan, Medicare will pay toward the cost of every drug, not just those on which the private insurance company cut a special deal. And, under our plan, every pharmacy that is willing to play by the rules will be welcome to participate.

And, importantly, unlike the Republican plan, our plan will never force the elderly or disabled into an HMO or similar private plan in order to get a prescription drug benefit.

The prescription drug coverage in the Democratic bill will seem just like any other Medicare benefit, because it is a Medicare benefit.

Don't be fooled by Republican rhetoric. The motto of the Republican bill ought to be "cautious emptor"—let the buyer beware.

Their bill is little more than an attempt to privatize Medicare, while doling out hundreds of billions of dollars in Federal tax dollar giveaways to their friends in the insurance and pharmaceutical industries.

And, no matter which measure you use, beneficiaries will pay more and get less under the Republican plan.

Our legislation will not be cheap. But we don't think twice about the cost of covering doctor visits and hospital stays under Medicare today. I would argue that prescription drug coverage is as essential to good health care in the 21st century as physician and hospital care was in the 20th century when Medicare was created.

Make no mistake: The Republican bill is designed simply to provide political cover for Republican members, not prescription drug coverage for senior citizens and individuals with disabilities.

Our bill meets the needs of the 40 million Americans who depend on Medicare. That's why the leading beneficiary organizations support this legislation. I look forward to the debate. I urge my colleagues to join us in support of a real Medicare drug benefit. Vote "yes" on the Medicare Rx Drug Benefit and Discount Act.

#### RECOGNIZING THE TRICENTEN-NIAL OF ALLEN, MARYLAND

#### HON. WAYNE T. GILCHREST

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 26, 2002

Mr. GILCHREST. Mr. Speaker, I rise today to recognize the Village of Allen's 300th birthday. This Maryland community is located in the First Congressional District, which I have the distinct honor of representing. Established in 1702, I recognize this village for its longevity, and through that longevity, for influencing the unique flavor of Maryland's Eastern Shore.

Allen sits in Wicomico County, along Wicomico Creek. Central to its establishment was the Grist Mill, which was originally built and operated by the Brereton family. The mill was fully operational until 1919 when, after 217 years, it finally closed. The mill dam formed Passerdyke Pond, still a local landmark, and it was the spillway, or trap, that gave the settlement its first name. Trap eventually became Upper Trappe, then it was changed to Allen in 1882, named after a prominent resident at the time who was a storekeeper and served as postmaster.

With the mill and its location on the lower Eastern Shore, Allen developed into a considerable market during the 18th and 19th centuries. A post office helped give it status, along with the several general stores that have operated throughout its history and the introduction of the canning industry. And like most settlements on the Delmarva Peninsula, agriculture drove the local economy, and Allen residents have found fame over the years with strawberries, apple and peach orchards, tomatoes, and especially string beans.

The Asbury Methodist Church is another important Allen institution. Founded in 1829, the church helped Allen become one of the earliest free African American communities in the Somerset area of Delamara.